

WINDSOR SOUTHEAST SUPERVISORY UNION

Hartland • Weathersfield • Mount Ascutney School Districts

105 Main Street, Suite 200 • Windsor, Vermont 05089
Phone (802) 674-2144 • Fax (802) 674-6357



STUDENT REGISTRATION FORM

Please print all information legibly with black or blue ink.

DEMOGRAPHICS

Student's **LEGAL** Name: _____ Current Grade Level: _____
LAST FIRST MIDDLE

Date of Birth: ___/___/_____ **LEGAL** Gender: M F Home Phone: _____

Mailing Address: _____

Physical Address: _____

Town of Residence: Hartland Weathersfield West Windsor Windsor Cornish, NH

*Student resides with: Both Parents *Mother *Father *Other: _____
Relationship to student (i.e. grandparent, legal guardian, etc)

***A copy of current legal custodial paperwork/divorce decree (stating parental custodial rights) MUST be provided if parents are divorced/separated or student is not living with either biological/legally adoptive parent.**

Student Ethnicity: American Indian or Alaska Native Asian Black or African American
 Caucasian Native Hawaiian or Other Pacific Islander

Is the Student Hispanic or Latino: YES NO

Student's Primary Language is: English Other (Please name language) _____

FAMILY INFORMATION

1) **MOTHER/GUARDIAN 1:** _____ Home Phone: _____
LAST FIRST

Address (if different from student): _____

Mother/Guardian e.mail address: _____

Place of Employment: _____ Work Phone: _____

2) **FATHER/GUARDIAN 2:** _____ Home Phone: _____
LAST FIRST

Address (if different from student): _____

Father/Guardian e.mail address: _____

Place of Employment: _____ Work Phone: _____

SIBLING INFORMATION

NAME

GRADE LEVEL

SCHOOL ATTENDING

MORE INFORMATION REQUIRED ON BACK → →

MEDICAL INFORMATION

Physician: _____

Telephone: _____

Dentist: _____

Telephone: _____

ALLERGIES and/or other pertinent health information: _____

EMERGENCY CONTACTS

(other than Mother/Father/Guardian listed under FAMILY INFORMATION)

NAME

Relationship

Contact Phone #

PRIOR SCHOOL INFORMATION

Last school attended: _____

Has your student ever been enrolled in any of the following schools: Albert Bridge (Brownsville)
 Weathersfield School Hartland School Windsor School (grades K-12) Cornish (NH) School

TRANSPORTATION

Student will: Ride Bus Be driven to and from school Walk Drive self (high school only)

SPECIAL PROGRAMS (please check ALL that apply):

- ELL (English as a Second Language) State Placed Migrant Home Schooled
- IEP (Individualized Education Plan) Homeless 504 Plan High School Completion/Adult Ed
- Vocational School Placement @ _____

ACADEMIC / BEHAVIOR INFORMATION OPTIONAL - Please list any special strengths, needs, challenges, etc:

- I have attached a copy of my child's birth certificate (**MANDATORY**).
- I have attached a copy of my child's up-to-date immunizations (**MANDATORY**).

Please sign and date below acknowledging that the above information is complete and accurate. Please note that registration is contingent upon the student's residency being verified.

PLEASE BE REMINDED THAT ONLY A PARENT OR LEGAL GUARDIAN IS PERMITTED TO REGISTER A STUDENT.

PRINTED NAME OF SIGNER
Form Updated 10/1/21

SIGNATURE

DATE